

CHECK ONE:

THOROUGHBRED STANDARDBRED QUARTER HORSE MARE STATUS REPORT

This form must be completed PRIOR TO FOALING for your expected foal to be eligible for the Iowa Breeder's Fund

Date:			
Mare Owner:			
Name:			
Address:State		This report	must be received by
CityState	Zip	Dec. 31 of	the year conceived if
County:	 	the mare m	eets the Dec. 31
celephone: ocial Security Number: IAME OF MARE Color National Breed Registra ast date Bred: Ered to (stallion)		residency r	equirements.
ocial Security Number:	Tattoo Number	r:	_
AME OF MARE		State Registration Number	er
color National Breed Registra	ation No		
ast date Bred:	Oue date:	(approximate	ely)
red to (stallion)		State Registration Numl	oer
(if Iowa registered sta	oue date:		
MPORTANT:			
. The above mare must foal in the state of	of Iowa for that foal to be e	eligible for registration in t	he Iowa Horse Breede
program.			
. Other requirements are:			
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A. Thirty days' residency until	the foal is inspected by a	Department inspector, if ir	foal to a registered
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OFFICE (515) 281-4103 OR (515) 281-7683 - FAX (515) 281-8888.

Return this form to:

Horse Racing Program Iowa Department of Agriculture and Land Stewardship Wallace Building Des Moines, Iowa 50319